

SAMPLE CANCELLATION MEMORANDUM FOR NNSA ELEMENTS

MEMORANDUM FOR: MICHAEL KANE
ASSOCIATE ADMINISTRATOR FOR
MANAGEMENT AND ADMINISTRATION

THRU: INGRID KOLB
DIRECTOR, OFFICE OF MANAGEMENT

FROM: XXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SUBJECT: Request to Cancel (*identify directive's number and title*)

BACKGROUND: (*Provide background information for the basis of the cancellation. Justify why it is necessary to cancel the directive. If applicable, state what supersedes the canceled directive.*)

IMPACT: (*State, if any, organizational impact on the cancellation of the directive. State if any cost savings or requirements will be remedied.*)

CONTACT: (*Please provide name and telephone number of the point of contact.*)

RECOMMENDATION: That you approve the subject directive for cancellation.

OFFICE OF MANAGEMENT'S RECOMMENDATION:

Recommend Approval: _____

Recommend Disapproval: _____

Date: _____

NNSA'S DECISION:

Approved: _____

Disapproved: _____

Date: _____